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FACSIMILE COVER SHEET

DATE: July 28, 2005

TO: Examiner Gerald R. Ewoldt

TC Art Unit: 1644

FROM: Holliday C. Heine, Ph.D.

Our File: ERIZY-114AX

Your Ref:

Application No. 09/912,670 Filed Date: July 23, 2001 Confirmation No.: 6394

Fax No.: (571) 273 8300

No. of pages transmitted (including this page): 15

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> PLEASE DELIVER DIRECTLY TO: EXAMINER Gerald R. Ewoldt, Tel. (571) 272 0834 TC ART UNIT NO: 1644

FOR ENTRY

Enclosed for filing please find: Supplemental Remarks

Signed Inventor Declaration

Under 37 C.F.R. 1.132 including Appendix

Figs 1 and 2

The Commissioner is hereby authorized to Charge Deposit Account No. 23-0804 for any additional filing fees associated with this communication or credit any overpayment.

> Holliday C. Heine, Ph.D. Attorney for Applicant:

Registration No. 34,346

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Rev 06/05

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Via Facsimile

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Attorney

Docket No.: ERIZY-114AX

Date: July 28, 2005

Sir:

In re application of: Andrew W. Taylor et al.

Entitled: ACTIVATION OF REGULATORY T CELLS BY ALPHA-MELANOCYTE STIMULATION HORMONE

Transmitted herewith are Supplemental Remarks in the above-identified application. The following checked items are applicable:

- This is a Request for Continued Examination under §1.114; authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$395.00) per §1.17(e).

 [] Enter the unentered amendment previously filed on _______ per §1.116.

 [] A Petition for Extension of Time for ____ month is hereby made under §1.136(a); authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$______) per §1.17.
- [X] In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.
- [X] Other: Signed Declaration of Andrew W. Taylor under 37 C.F.R. §1.132 including Appendix Fig. 1 and 2

CLAIMS AFTER AMENDMENT:	MINUS PRIOR PAID CLAIMS:	EQUALS PRESENT EXTRA CLAIMS:	RATE:	ADDITIONAL FEE:
Independent	1 - 14	= -0-	x \$200.00 =	-0-
Total	3 - 63	= -0-	x \$ 50.00 =	-0-
[] Multiple Dependent C	claims (1st presentation)		+ \$360.00 =	-O-
	-0-			
Small Entity filing, divid	-0-			
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[X]	No additional fee.	[]	The fee has been calculated above; authorization is provided herewith	
		• • •	Deposit Account No. 23-0804 (\$) for the cost of same.

[X] The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.

Attorney of Record: Holliday C. Heine, Ph.D.

Registration No.: 34,346

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